TC 3700 MAIL ROOM



Docket No. 845-002

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Kuighadush

Serial No.

09/669,245

Filed:

September 25, 2000

For

RETRACTABLE STRAW FOR DRINKING CONTAINERS

**CERTIFICATE OF MAILING** 

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

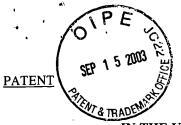
Sir:

I hereby certify that the attached Amendment, Petition for Three Months Extension of Time, Amendment Transmittal, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted, SOFER & HAROUN, L.L.P.

y: Aurille C

Mailing Address: SOFER & HAROUN, LLP 317 Madison Avenue, Suite 910 New York, New York 10017 Tel:(212)697-2800;fax (212)697-3004



Docket No. <u>845-002</u>

TC 3700 MAIL ROOM

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Kuighadush

Group Art Unit: 3727

Serial No.

: 09/669,245

Examiner: Joseph Man Moy

Filed

September 25, 2000

For :

: RETRACTABLE STRAW FOR DRINKING CONTAINERS

### AMENDMENT FEE TRANSMITTAL

**COMMISSIONER FOR PATENTS** 

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

[X] No additional fee is required.

[ ] The additional fee has been calculated as shown below:

## **CLAIMS AS AMENDED**

		Claims Remaining		Highest No. Covered by				
		After Amendment		Previous Payments	Present Extra	Rate		Additional Fee
Total								
Claims*		12	-	53	=0	x 9		\$ <u>.00</u>
Independent Claims	dent	3	-	6	=0	x \$		\$ <u>0</u>
Multiple Dependent Claim(s)		(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)  Total: \$						\$
[]								\$
[]	Charge \$.00 fee to Deposit Account No. 19-2825. Order No. 2							

Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

### A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

[X ] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 845-002. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
[ ] Page(s) of substitute Sequence Listing
[ ] Computer disk(s) containing substitute Sequence Listing
[ ] Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
[ ] A check in the amount of \$.00 to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated:  $\int \left| \phi / \phi \right|$ 

By: Joseph Sofer

Registration No. 34,438

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